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Amended						
Fill in this information to identify your case.	Check one box only as directed in this form and in Form					
Debtor 1 Darlene Dragotta	122A-1Supp:					
Debtor 2 Salvatore Dragotta (Spouse, if filing)	■ 1. There is no presumption of abuse					
United States Bankruptcy Court for the: Northern District of Illinois Case number 17-14/5	☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).					
(if known)	3. The Means Test does not apply now because of qualified military service but it could apply later.					
	☐ Check if this is an amended filing					
Official Form 122A - 1	onost and to an amonada ming					
Chapter 7 Statement of Your Current Month	ly income					
Chapter / Statement of Your Current Worth	ily income 12/1					
Be as complete and accurate as possible. If two married people are filing together, bott attach a separate sheet to this form. Include the line number to which the additional interaction case number (if known). If you believe that you are exempted from a presumption of ab qualifying military service, complete and file Statement of Exemption from Presumption Part 1: Calculate Your Current Monthly Income	nformation applies. On the top of any additional pages, write your name and					
What is your marital and filing status? Check one only.						
Not married. Fill out Column A, lines 2-11.						
■ Married and your spouse is filing with you. Fill out both Columns A an						
☐ Married and your spouse is NOT filing with you. You and your spous						
Living in the same household and are not legally separated. Fill ou						
Living separately or are legally separated. Fill out Column A, lines 2 penalty of perjury that you and your spouse are legally separated under living apart for reasons that do not include evading the Means Test red	der nonbankruptev law that applies or that you and your shouse are					
Fill in the average monthly income that you received from all sources, derived during 101(10A). For example, if you are filing on September 15, the 5-month period would be Mitthe 6 months, add the income for all 5 months and divide the total by 6. Fill in the result. Disposes own the same rental property, but the income from that property in one column of	March 1 through August 31. If the amount of your monthly income varied during.					
2 Your green and a first barrier and a first b	Column A Column B Debtor 1 Debtor 2 or non-filling spouse					
 Your gross wages, salary, tips, bonuses, overtime, and commissions (t payroll deductions). 	\$ 1,200.00 \$ 899.00					
Alimony and maintenance payments. Do not include payments from a spo Column B is filled in.	ouse if \$ 0.00 \$ 0.00					
4. All amounts from any source which are regularly paid for household ex of you or your dependents, including child support. Include regular contifrom an unmarried partner, members of your household, your dependents, p and roommates. Include regular contributions from a spouse only if Column filled in. Do not include payments you listed on line 3.	tributions parents,					
5. Net income from operating a business, profession, or farm	A.					
Gross receipts (before all deductions) \$ 0.00	International Control of Control					
Gross receipts (before all deductions) \$ 0.00 Ordinary and necessary operating expenses -\$ 0.00						
	py here -> \$ 0.00 \$ 0.00					
6. Net income from rental and other real property	5.00 ¥ 0.00					
red and official and the state of the state	THE STATE OF THE S					
Gross receipts (before all deductions) \$ 0.00						
Ordinary and necessary operating expenses -\$ 0.00	000					
Net monthly income from rental or other real property \$ 0.00 Cop	py here -> \$ 0.00 \$ 0.00					

0.00

7. Interest, dividends, and royaltles

0.00

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tor 1 tor 2					Case numb	er (if known)		<u>.</u>	
					Column A Debtor 1		non-filin	or g spouse	
	Jnemployment compensation				\$	0.00	\$	0.00	
	Do not enter the amount if you contend that he Social Security Act. Instead, list it here:				Ī				
	For you	\$	0.0	10_					
	For your spouse	<u> </u>	0.0						
t	Pension or retirement income. Do not incloenefit under the Social Security Act.	ude any amount receive			\$	0.00	\$	0.00	
П С	ncome from all other sources not listed and not include any benefits received under received as a victim of a war crime, a crime domestic terrorism. If necessary, list other sotal below.	the Social Security Act o against humanity, or into	or payment ernational	s or	œ.		e	0.00	
	•			_	\$	0.00	\$	0.00	
				_	\$	0.00	<u>*</u>	0.00	
	Total amounts from separate page	s, if any.		+	\$	0.00	\$	0.00	
	Calculate your total current monthly inco each column. Then add the total for Column			\$_	1,200.00	+ s_	899.00	\$2,0	99.0
	Calculate your current monthly income f								
•	12a. Copy your total current monthly income	e from line 11			Со	py line 11	here=>	\$	99.0
	Multiply by 12 (the number of months i	n a year)						x 12	
•	12b. The result is your annual income for th	is part of the form					1	12b. \$ 25,1	88.0
, (Calculate the median family income that	applies to you. Follow	these ster	s:					
١	Fill in the state in which you live.	<u>[L</u>							
į	Fill in the number of people in your househo	old. 2							
1	Fill in the median family income for your sta	te and size of househole	 d.					_{13.} ₈ 66,4	187.0
	To find a list of applicable median income a for this form. This list may also be available	mounts, go online using	the link s	ecifie	d in the sepa	rate instru	ctions		
١. ا	How do the lines compare?								
	14a. Line 12b is less than or equal to	o line 13. On the top of	page 1, ch	eck bo	x 1, There i	s no presur	mption of al	buse.	
	14b. Line 12b is more than line 13.		eck box 2	The p	resumption	of abuse is	determine	d by Form 122A-	·2.
	Go to Part 3 and fill out Form 1								
	Go to Part 3 and fill out Form 1 3: Sign Below	•				i			
		ty of perjury that the info	ormation o	n this s	tatement ar	id in any at	tachments	is true and corre	ct.
	3: Sign Below	ty of perjury that the info			tatement ar		tachments	is true and corre	ct.

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

MM / DD / YYYY

Date

Official Form 122A-1

MM / DD / YYYY